

## RECORDS RETENTION AND DISPOSAL SCHEDULE

PAGE \_\_\_\_\_ OF \_\_\_\_\_

## DEPARTMENT OF HEALTH &amp; MENTAL HYGIENE

SECRETARIAT

OFFICE / ADMINISTRATION / BOARD

Item No.	Description of Records Series (from Inventory Form)	Authorized Retention Period & Instructions

APPROVED BY: (DHMH Official)	AUTHORIZED BY: (MD STATE ARCHIVES)
DATE: _____	DATE: _____
SIGNATURE: _____	SIGNATURE: _____
NAME/TITLE: _____	NAME/TITLE: <u>EDWARD C PAPENFUSE, JR., STATE ARCHIVIST</u>